

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34291

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 1112	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp 60 yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Township Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION 40th & Pacific Streets				d. STREET ADDRESS (If rural, give location) 40th & Pacific Streets			
3. NAME OF DECEASED (Type or Print) Joseph			a. (First) b. (Middle) c. (Last) Bucher			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 28, 1866	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		11. BIRTHPLACE (State or foreign country) Alsace-Lorraine, France		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Bucher		13b. MOTHER'S MAIDEN NAME Lena Frick		14. NAME OF HUSBAND OR WIFE Marie Bucher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph S. Bucher St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Smeity DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4227				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1945 to Oct 6, 1952, that I last saw the deceased alive on Oct 6, 1952, and that death occurred at 3:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. M. Cleary, M.D. (Degree or title)				23b. ADDRESS 174 S. Luz. Bldg. Jackson		23c. DATE SIGNED 10/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery		24d. LOCATION (City, town, or county) (State) Easton, Missouri.	
DATE REC'D BY LOCAL REG. Oct 23, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. ****

working under my personal supervision.

Student
Student Embalmer

Signed

Raymond H. Henderson
Licensed Embalmer No. 4413 Missouri.
P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.